



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

June 22, 2012

Administrator
National Deaf Academy
19650 U.S. Hwy 441
Mount Dora, FL 32757

Re: CCR #2012006597

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on June 21, 2012 by a representative of this office.


Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit.

Please provide a plan of correction to this Field Office, in accordance with enclosed instructions, for the identified deficiencies **within ten calendar days of receipt of this faxed report**. You will not receive a copy of this report in the mail, you will only receive this faxed report. **All deficiencies shall be corrected no later than July 21, 2012.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,


Kriste J. Mennella
Field Office Manager

KJM/bh
Enclosure



AGENCY FOR HEALTH CARE ADMINISTRATION

INSTRUCTIONS FOR PLAN OF CORRECTION

Please review the following Prior to completing the
Plan of Correction section of AHCA 3020-0001

1. Prepare your reply by using a typewriter or computer to ensure legibility.
2. Note that each deficiency is consecutively numbered with an ID Prefix tag. This tag number is repeated in column #3, and your plan of correction (POC) should begin opposite the number.
3. The POC must be specific and realistic, have reasonable time frames based on dates discussed during the exit conference and state exactly how the deficiency was (or will be) corrected. Stating simply that "staff will be trained" is not acceptable. An acceptable POC might state that "staff were trained regarding policy and procedure, before and after tests were given, daily staff monitoring will be performed, staff will be re-evaluated in one month, then quarterly."
4. POC's should address the problem and be aimed at correction in a systematic sense, as opposed to correcting an example or an isolated problem.
5. The plan may not be argumentative. Generalized, unsubstantiated arguments are not acceptable. A deficiency may be disputed provided it is supported by factual attached documentation. For example, attached is the controlled substance verification log which has the date, time and signature of oncoming and outgoing nurses who have counted controlled substances.
6. The responsibility for correction and ongoing monitoring should be assigned to a specific position to preclude recurrence.
7. You must sign the bottom of page 1 of the statement of deficiencies, include your title and date.

After the completed POC is received, it will be evaluated. Failure to submit a timely report may result in a finding of non-compliance.

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC57000066	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/21/2012
NAME OF PROVIDER OR SUPPLIER NATIONAL DEAF ACADEMY		STREET ADDRESS, CITY, STATE, ZIP CODE 18880 US HWY 441 MOUNT DORA, FL 32757		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	INITIAL COMMENTS An unannounced complaint survey for CCR # 2012006597 was conducted on 06/21/2012. The National Deaf Academy is not in compliance with Chapter 394 Parts I and IV 65E-4.016 as it pertains to this survey only.	C 000		
C 182	Rights of Children - Child abuse & neglect The provider, as a mandated reporter, shall report to the department and the Abuse Registry all suspected cases of child abuse, neglect, and exploitation in accordance with Chapter 39 and Section 394.459, F.S. Chapter 65E-9.012(3)(a), F.A.C. This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to report all incidents of suspected abuse. The facility failed for 3 of 6 cases to report incidents of suspected abuse to the abuse registry. Findings: 1. Review of grievance log revealed that on 3 occasions 04/04/12, 05/20/12 and 05/14/12, the abuse registry was not notified when residents made a claim that a staff member had hit or pushed them. 2. Interview on 06/21/2012 at 1:00 PM with Director of Nursing (DON), Program Director and Mental Health Tech (MHT) Coordinator revealed that on the 3 occasions (04/04/12, 05/20/12, and 05/14/12, that the abuse registry was not notified as they felt that abuse had not occurred after their own investigation based on interviews.	C 182	All National Deaf Academy staff shall be retrained on the reporting of suspected cases of Abuse, Neglect and Exploitation as per State of Florida Statutes and NDA policy which is consistent with said statutes. The trainings are to be held on 7/17, 7/18 and 7/19 with all staff training completed by 7/21. A post test will be given with a passing score of at least 80% required. A failure to achieve at least 80% on the post test shall result in individual retraining until satisfactory results are achieved. Random monitoring of staff's understanding of the policy shall be conducted daily for one month by Cathy Nadeau, RN Director of Nursing with follow-up conducted again quarterly by Deana Goldstein, C.E.O.	7/20/12

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

0300

SYP111

If continuation sheet 1 of 3

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC67000085	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/21/2012
NAME OF PROVIDER OR SUPPLIER NATIONAL DEAF ACADEMY		STREET ADDRESS, CITY, STATE, ZIP CODE 18850 US HWY 441 MOUNT DORA, FL 32757		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 182	Continued From page 1 They confirmed that these incidents were not evident by camera review that the alleged abuse did not occur. When asked what they would do if a resident reported abuse, the DON stated that she would first investigate the incident and then depending on her investigation decide to call the abuse registry. When asked how long before the abuse registry was notified about an incident the Program Director stated that they had up to 24 hours to report it to the registry. 3. Review of the abuse policy for the facility states that anyone at the facility who suspects or knows about abuse must report it immediately to the abuse hotline.	C 182		
C 189	Rights of Children - Child abuse & neglect Each child shall have ready access to a telephone in order to report an alleged abuse, neglect or exploitation. The provider shall inform each child verbally and in writing of the procedure for reporting abuse. A written copy of that procedure, including the telephone number of the abuse hotline and reporting forms, shall be posted in plain view within eighteen inches of the telephone(s) designated for use by the children. Chapter 65E-9.012(3)(b), F.A.C. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that for 3 out of 3 sampled children in the facility that they were informed and had knowledge of their right to call the abuse registry and the method for calling the abuse registry.	C 183	A written copy of the procedure for reporting abuse, neglect &/or exploitation is posted on every unit. Additional posters will be posted within 18" of all telephones on the dorm for resident use.	7/6/12

